









## USING LIMITED HEALTH DOLLARS WISELY: WHAT STATES CAN DO TO CREATE THE HEALTH SYSTEM THEY WANT

June 21 - 23, 2007—New Orleans, Louisiana

## IOWA TEAM REPORT (PRELIMINARY DRAFT)

## **Team Members:**

- Senator Joe Bolkcom, Chair, Ways and Means Committee; and Member, Human Resources Standing Committee
- Senator James Seymour, Ranking Member, Health and Human Services Appropriations Subcommittee; and Member, Human Resources Committee
- Representative Mark Smith, Chair, Human Resources Committee; and Member, Health and Human Services Committee
- Representative Eric Palmer, Member, Human Resources Committee; and Member, Health and Human Services Committee
- Kristyn Bell, Senior Research Analyst, Senate Democratic Caucus
- Jess Benson, Legislative Fiscal Analyst, Legislative Services Agency
- John Hedgecoth, Policy Liaison, Office of the Governor
- Tom Newton, Director of Public Health, Department of Public Health
- Jane Borst, Title V Director, Bureau Chief, Bureau of Family Health, Department of Public Health
- Eugene Gessow, Medicaid Director, Iowa Medicaid Enterprise, Department of Human Services
- Tom Alger, Legislative Liaison, Division of Insurance

**Facilitators:** Jody Hatz, NCSL; and Angela Ablorh-Odjidja, National Association of County and City Health Officials (NACCHO); and Peggy Sanchez Mills, National Healthy Start Association

During the Iowa 2007 Legislative session, the Legislative Commission on Affordable Health Care Plans for Small Businesses and Families was created. The commission membership consists of 10 legislators, eight members of the public representing various health care and insurance interests appointed by the Legislative Council, five consumers appointed by the Governor, and three state agency directors or their designees to serve as ex officio members. The commission is charged to review, analyze, and make recommendations on a broad spectrum of issues relating to the affordability of health care for Iowans. The commission is directed to complete its deliberations in December 2007 and submit a final report to the General Assembly for consideration during the 2008 Legislative Session. During the Health Priorities meeting 2007, the Iowa team established five goals to further expand the usefulness of the Legislative Commission.

## **State Health Goals**

The team identified five primary goals on which to work:

- 1) Design a process to set health priorities so we can fund our highest priorities
- 2) Create wellness enhancements for state employees.
- 3) Provide accessible affordable health care for <u>all</u> children residents in Iowa, including dental and mental health care.
- 4) Create a comprehensive prenatal and newborn home visitation program for every newborn Iowan.
- 5) Create transparency for consumers in the health care system.

In identifying the five main goals, the Iowa state team also came up with strategies and action steps.

Goal 1: Design a process to set health priorities so we can fund our highest priorities

Strategy 1.1	Identify states that have similar tools for setting priorities
Actions Steps	<ul> <li>Go to NGA (specifically Oregon) to ask for practices (John Hedgecoth)</li> <li>Query colleagues in state health departments on how they prioritize (Tom Newton)</li> </ul>
Strategy 1.2	Identify key stakeholders
Action steps	<ul> <li>Co-chairs and members of the commission on affordable health care (Senator Bolkcom)</li> <li>Consideration of non-governmental</li> <li>Ask NCSL to help facilitate commission and best process to use (in process—Kris Bell)</li> <li>See the Workplan of the commission's data advisory panel (Kris Bell)</li> </ul>
Strategy 1.3	Create/develop consensus timeline for developing process
Action steps	<ul> <li>Develop understanding of what will be under purview of the commission and what will be done elsewhere.</li> <li>Legitimize the role of group as a continuing think tank to monitor what the commission does and things that have not been addressed.</li> </ul>
Strategy 1.4	Identify someone to convene start process
Actions steps	<ul> <li>Plan conference call for State team within the next two weeks (Kris Bell)</li> <li>Tom Alger (Insurance) and Eugene Gessow (DHS) will contact DHS and insurance division directors to be included in group</li> </ul>

**Goal 2: Create wellness enhancements for state employees.** 

Strategy 2.1	Ban smoking at the capitol complex (John Hedgecoth)
<b>Actions steps</b>	<ul> <li>Write letter to legislative council, cc: executive council</li> </ul>

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	<ul> <li>Senator Bolkcom drafts letter and group signs off</li> </ul>
	<ul> <li>John Hedgecoth takes it to executive council</li> </ul>
	<ul> <li>Jody Hatz will send examples of other state legislation</li> </ul>
Strategy 2.2	Develop a menu of options for wellness activities/behaviors
Action steps	<ul> <li>Tom Newton (public health) will pull together examples of options and share with the rest of the group</li> <li>Timeline for activities will be developed (Tom Newton)</li> <li>Promote the Lighten Up Iowa program</li> </ul>
Strategy 2.3	Charge for parking
Action steps	• Senator Bolkcom develop action plan
Strategy 2.4	Better access to healthier foods for state
Actions steps	<ul> <li>State-wide assessment of public schools, state-facilities, universities, meals on wheels, etc. (Tom Newton)</li> <li>Promote buy fresh, buy local</li> <li>Jody Hatz will provide information from NCSL</li> <li>Evaluate what kind of nutrition is given through food stamp program (Eugene Gessow)</li> <li>Evaluate the resources needed to develop a plan (Tom Newton)</li> <li>Share what was developed for Iowans "Fit for Life" program (Tom Newton)</li> </ul>
Strategy 2.5	Create health insurance incentives/disincentives
Action steps	<ul> <li>Use the small group incentive program as model for broader application (Tom Alger/Insurance)</li> </ul>
Strategy 2.6	Develop a Workplan to increase capacity within the health department to address wellness issues

Goal 3: Provide accessible affordable health care for  $\underline{all}$  children residents in Iowa, including dental and mental health care.

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Action steps	
	Outreach
Strategy 3.4	
Actions steps	

Goal 4: Create a comprehensive prenatal and newborn home visitation program for every newborn Iowan.

Strategy 4.1	Define basic standards for home visiting programs.
Action steps	<ul> <li>Contact early childhood quality services and programs subcommittee (Jane Borst)</li> <li>Identify department who is authorized to develop regulatory standards for home visitation programs. (Jane Borst)</li> <li>Ask human resources committee chairs to submit study bills to grant appropriate auspices for regulatory authority. (Jess Benson, Kris Bell and Representative Mark Smith)</li> </ul>
Strategy 4.2	Develop/implement training strategies for home visitors.
Action steps	<ul> <li>Identify other states that have trainings for home visitors (Jody Hatz)</li> <li>Develop recommendations/trainings (Jane Borst)</li> <li>Develop budgetary needs (Tom Newton and Jane Borst)</li> </ul>
Strategy 4.3	Provide state level support for programs
Action Steps	<ul> <li>Identify other states that have support for home visitors (Jody Hatz)</li> <li>Develop recommendations for state level support (Jane Borst)</li> <li>Develop budgetary needs for state level support (Tom Newton and Jane Borst)</li> </ul>
Strategy 4.4	Provide appropriate reimbursement
Action Steps	Develop a methodology for cost of services (Jane Borst)

Goal 5: Create transparency for consumers in the healthcare system.

Strategy 5.1	Explore mandatory reporting within hospitals to report on quality
	measures
<b>Action Steps</b>	
	<ul> <li>Explore Leapfrog and Medicare quality reporting standards for public and other hospitals in the state (Eugene Gessow)</li> <li>Identify if other states have done this (Jody Hatz)</li> </ul>

NOTE: Mental health for adults and long-term care were issues that the group recognized and will follow-up on in the future.